

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)		2 Total pages filed:	
3 COMMITTEE NAME <b>GET AUSTIN MOVING PAC</b>				OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>604 WEST 11TH STREET AUSTIN, TX 78701-2007</b>		Date Received <b>2010 OCT 4 PM 3</b> <b>AUSTIN CITY CLERK RECEIVED</b>	
5 CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address		MS / MRS / MR FIRST MI <b>MA. TED</b> NICKNAME LAST SUFFIX <b>SIFF</b>		Receipt # Amount <b>97</b> Date Processed Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>604 WEST 11TH STREET, AUSTIN, TX 78701-2007</b>			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>604 WEST 11TH STREET, AUSTIN, TX 78701-2007</b>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <b>(512) 657-5414</b>			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year <b>8 / 6 / 2010</b> THROUGH <b>9 / 30 / 2010</b>			
11 ELECTION		ELECTION DATE Month Day Year <b>11 / 2 / 2010</b> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS****FORM SPAC  
COVER SHEET PG 2****12 COMMITTEE NAME**GET AUSTIN MOVING PAC

ACCOUNT # (Ethics Commission Filers)

**13 COMMITTEE  
PURPOSE**(Attach lists on plain  
paper to complete this  
report if necessary.)☒ **SUPPORT**  
(Candidate or Measure)☐ **OPPOSE**  
(Candidate or Measure)☐ **ASSIST**  
(Officeholder)☐ **CANDIDATE**☐ **OFFICEHOLDER**☒ **MEASURE**

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day YearPROPOSITION #111 / 2 / 2010DESCRIPTION \$90 MILLION MOBILITY BOND MEASURE  
FOR 45 ROAD, SIDEWALK, BIKEWAY + TRAIL PROJECTS.**14 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 59,580.00**EXPENDITURE  
TOTALS**

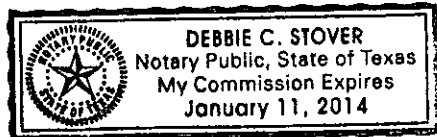
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 18,659.24**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD\$ 40,920.76**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

**15 AFFIDAVIT**I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TED SIFF, this the  
4TH day of OCTOBER, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/18/10

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

TED SIFF

6 Contributor address; City; State; Zip Code

604 WEST 11TH STREET, AUSTIN, TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/17/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ALBERT STOWELL

Contributor address; City; State; Zip Code

602 WEST 11TH STREET, AUSTIN, TX 78701

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

PERRY LORENZ

Contributor address; City; State; Zip Code

1311-A E. 6TH STREET, AUSTIN, TX 78702

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

GRIFFIN DAVIS

Contributor address; City; State; Zip Code

10012 WILDFLOWER LANE, STE C105  
AUSTIN, TX 78751

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

OZONE BIKE DEPT, LP

Contributor address; City; State; Zip Code

3202 GUADALUPE ST., STE C  
AUSTIN, TX 78705

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2029

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/15/10

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

FRED ROBINETTE

6 Contributor address; City; State; Zip Code

406 INWOOD ROAD, AUSTIN, TX 78746

7 Amount of contribution (\$)

\$10,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/17/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SUSAN RIEFF

Contributor address; City; State; Zip Code

3824 HERMALINDA STREET  
AUSTIN, TX 78723

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOANNA WOLVER

Contributor address; City; State; Zip Code

1007 SOUTH CONGRESS #133  
AUSTIN, TX 78704

Amount of contribution (\$)

\$5.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

TED SIFF

Contributor address; City; State; Zip Code

604 WEST 1TH STREET, AUSTIN, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

MARK STINE

Contributor address; City; State; Zip Code

1403 WEST 10TH STREET, AUSTIN, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

3 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

9/20/10

WILLIAM BLOME

6 Contributor address; City; State; Zip Code

1405 WALLER ST., AUSTIN, TX 78702

425.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

9/20/10

ANDREA RADO

Contributor address; City; State; Zip Code

2525 LAMAR BLVD #301, AUSTIN, TX 78704

225.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

9/23/10

NANCY JIMENEZ

Contributor address; City; State; Zip Code

1522 SPANISH OAKS, SAN ANTONIO, TX 78213

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

9/19/10

JOANNA WOLANER

Contributor address; City; State; Zip Code

1007 S. LONGROSS AVE, #133, AUSTIN, TX 78702

25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

9/20/10

WATERLOO CYCLES MICHAEL JAKES

Contributor address; City; State; Zip Code

2815 FROTH ST., AUSTIN, TX 78705

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/17/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

LUKE METZGER

6 Contributor address; City; State; Zip Code

2508 EAST 8TH STREET, AUSTIN, TX 78702

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES MCCABE

Contributor address; City; State; Zip Code

1818 W. 39TH ST., AUSTIN, TX 78731

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

MICHELE ROGERSON

Contributor address; City; State; Zip Code

8313 MINNESOTA LANE, AUSTIN, TX 78745

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID SULLIVAN

Contributor address; City; State; Zip Code

1710 WATERSTON AVE, AUSTIN, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

GUS GARCIA

Contributor address; City; State; Zip Code

7401 OPHELIA DRIVE, AUSTIN, TX 78752

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/17/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

KARL-THOMAS MUSSELMAN

6 Contributor address; City; State; Zip Code

1512 A PENNSYLVANIA AVE.  
AUSTIN, TX 78702

7 Amount of contribution (\$)

\$10.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

JEFF BOYT

Contributor address; City; State; Zip Code

5423 SHALWOOD AVE., AUSTIN, TX 78756

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/10

Full name of contributor

☐ out-of-state PAC (ID#)

BOBBIE GARZA-HERNANDEZ

Contributor address; City; State; Zip Code

122 RIVIERA, SAN MARCOS, TX 78666

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID#)

TOM WALD

Contributor address; City; State; Zip Code

4016 MAPLEWOOD AVE, APT A  
AUSTIN, TX 78722

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/10

Full name of contributor

☐ out-of-state PAC (ID#)

SUSAN RANKIN

Contributor address; City; State; Zip Code

3216 HARRIS BLVD, AUSTIN, TX 78705

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/10

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SEAN COMPTON

6 Contributor address; City; State; Zip Code

2601 GENT OAKS PARKWAY  
AUSTIN, TX 78756

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/27/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

HILL ABEL

Contributor address; City; State; Zip Code

1607 KERR STREET  
AUSTIN, TX 78704

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

EASY STREET, LLC

Contributor address; City; State; Zip Code

5555 N. Lamar Blvd, Ste 405, Austin, TX 78751

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

MELAN JOHNNYS

Contributor address; City; State; Zip Code

98 SAN LACINTE BLVD, #430, AUSTIN, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BROWN MCCABRELL LLP

Contributor address; City; State; Zip Code

111 CONGRESS AVE, STE 1400, AUSTIN, TX 78701

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7 of 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/10

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DINAH STREET

6 Contributor address; City; State; Zip Code

15 SUGAR CREEK DRIVE  
AUSTIN, TX 787467 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/24/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BOONE BLOCKER

Contributor address; City; State; Zip Code

7685 NORTHCROSS DR. UNIT 403  
AUSTIN, TX 78757Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOHN HORTON III

Contributor address; City; State; Zip Code

3111 WESTLAKE DRIVE  
AUSTIN, TX 78746Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

MOSES GARCIA

Contributor address; City; State; Zip Code

7321 SCENIC OAKS CIRCLE  
AUSTIN, TX 78745Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

GLENN GADBOIS

Contributor address; City; State; Zip Code

5616 BULL CREEK ROAD  
AUSTIN, TX 78756Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8 or 9

2 FILER NAME

GET AUSTIN MOVING PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/29/10

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOHN-MICHAEL CORTEZ

6 Contributor address; City; State; Zip Code

1601 MIRIAM AVENUE, #303, AUSTIN, TX 78702

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/28/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DAVID C. SMITH

Contributor address; City; State; Zip Code

1711 PALMA PLAZA, AUSTIN, TX 78703

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

IRA JON YATES

Contributor address; City; State; Zip Code

5711 HWY 45, AUSTIN, TX 78739

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

PAULA HONECK

Contributor address; City; State; Zip Code

1106 ELM STREET, AUSTIN, TX 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/10

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BART KNAGGS

Contributor address; City; State; Zip Code

98 SAN JUANITO, #430, AUSTIN, TX 78701

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>9 of 9</b>	
2 FILER NAME <b>GET AUSTIN MOVING PAC</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/30/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TED SARR</b>	7 Amount of contribution (\$) <b>125.00</b>	8 In-kind contribution description (if applicable) <b>COPIES, PRINTING, SERVICES</b>
6 Contributor address; City; State; Zip Code <b>604 WEST 11TH STREET, AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>9/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>AUSTIN CYCLING ASSOCIATION</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 5993, AUSTIN, TX 78763</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center;">1 of 1</div>	
2 FILER NAME <div style="text-align: center;">GET AUSTIN MOVING PAC</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date <div style="text-align: center;">9/29/10</div>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">ROBIN STRAINES</div>	8 Amount of pledge (\$) <div style="text-align: center;">\$200.-</div>	9 In-kind description (if applicable)
7 Pledgor address;      City; State; Zip Code <div style="text-align: center;">PO Box 1121, Austin, TX 78767</div>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <div style="text-align: center;">9/30/10</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">CHRISTIE BETTS</div>	Amount of pledge (\$) <div style="text-align: center;">\$100.-</div>	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code <div style="text-align: center;">211 E. 7TH ST. #818, Austin, TX 78701</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center;">9/21/10</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">NIKELLE MEADE</div>	Amount of pledge (\$) <div style="text-align: center;">\$250.00</div>	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code <div style="text-align: center;">111 CONGRESS AVE, STE 1400, Austin, TX 78701</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center;">9/20/10</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">GEORGE COFER</div>	Amount of pledge (\$) <div style="text-align: center;">\$50.-</div>	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code <div style="text-align: center;">3306 GENTLY DRIVE, Austin, TX 78746</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 1 OF 2	
2 FILER NAME GET AUSTIN MOVING PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/13/10	5 Corporation / Labor Organization name AUSTIN METRO TRAILS + GREENWAYS 6 Corporation / Labor Organization address; City; State; Zip Code PO BOX 685106, AUSTIN, TX 78766	7 Amount of contribution (\$) \$5000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/15/10	Corporation / Labor Organization name DOWNTOWN AUSTIN ALLIANCE Corporation / Labor Organization address; City; State; Zip Code 211 E. 7TH STREET, STE 818, AUSTIN, TX 78701	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 8/25/10	Corporation / Labor Organization name PB AMERICAS, INC. Corporation / Labor Organization address; City; State; Zip Code ONE PENN PLAZA, NY, NY 10001	Amount of contribution (\$) \$2500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/2/10	Corporation / Labor Organization name HTNB Corporation / Labor Organization address; City; State; Zip Code 715 KIRK DRIVE, KANSAS CITY, MO 64105	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/24/10	Corporation / Labor Organization name PAPE - DAWSON ENGINEERS Corporation / Labor Organization address; City; State; Zip Code 7800 SHORE CREEK BLVD, STE 220, AUSTIN, TX 78757	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/16/10	Corporation / Labor Organization name DANNENBAUM ENGINEERING CORPORATION Corporation / Labor Organization address; City; State; Zip Code PO BOX 22292, HOUSTON, TX 77227	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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**CORPORATE OR LABOR ORGANIZATION  
CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS****SCHEDULE C**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2 of 2	
2 FILER NAME GET AUSTIN MOVING PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/10	5 Corporation / Labor Organization name TIE TRAIL FOUNDATION 6 Corporation / Labor Organization address; City; State; Zip Code P O Box 5195, Austin, TX 78763	7 Amount of contribution (\$) \$15,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/22/10	Corporation / Labor Organization name RABA-KISNER Corporation / Labor Organization address; City; State; Zip Code 12821 WEST GOLDEN LANE, SAN ANTONIO, TX 78249	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name BAKER-AICKLEN Corporation / Labor Organization address; City; State; Zip Code 507 WEST LIBERTY, ROUND ROCK, TX 78664	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name DOUCET + ASSOCIATES, INC. Corporation / Labor Organization address; City; State; Zip Code 7401 B WEST 71, Suite 160, Austin, TX 7835	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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**PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS****SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: 1 of 3	
2 FILER NAME GOT AUSTIN MOVING PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/10	5 Corporation / Labor Organization name Cierus Logic, Inc. 6 Corporation / Labor Organization address; City; State; Zip Code 2901 VIA FORTUNA, AUSTIN, TX 78746	7 Amount of pledge (\$) \$5,000.00	8 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/23/10	Corporation / Labor Organization name AECOM Corporation / Labor Organization address; City; State; Zip Code 400 West 15th St Ste 500, Austin, TX 78701	Amount of pledge (\$) \$2,000.-	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name ARCADIS Corporation / Labor Organization address; City; State; Zip Code 2929 Briarpark Dr., Ste 300, Houston, TX 77092	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name JOSE I GUERRA, INC. Corporation / Labor Organization address; City; State; Zip Code 2401 S-I-35, Suite 210, Austin, TX 78741	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name COBB PONDLEY + ASSOCIATES, INC. Corporation / Labor Organization address; City; State; Zip Code 505 E. HOWLAND, STE 485, AUSTIN, TX 78752	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/30/10	Corporation / Labor Organization name MACTEC ENGINEER CONSULTING, INC. Corporation / Labor Organization address; City; State; Zip Code 3520 EXECUTIVE CENTER DR., STE 200, AUSTIN, TX 78731	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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**PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS****SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: <b>2 OF 3</b>	
2 FILER NAME <b>GET AUSTIN MOVING P&amp;E</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/30/10</b>	5 Corporation / Labor Organization name <b>SURVEYING + MAPPING, INC.</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>4801 SOUTHWEST PARKWAY, AUSTIN, TX 78735</b> <b>PARKWAY TWO, STE 100</b>	7 Amount of pledge (\$) <b>\$250.00</b>	8 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>CP + Y, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>10415 MORADO CR., BLDG I, STE 200, AUSTIN, TX 78759</b>	Amount of pledge (\$) <b>\$300.00</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>HALPP ASSOCIATES, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>4030 WEST BRAKER LANE, STE 450, AUSTIN, TX 78759</b>	Amount of pledge (\$) <b>\$500.00</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>WALTER P. MOORE + ASSOCIATES, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>221 WEST 6TH STREET, STE 800, AUSTIN, TX 78701</b>	Amount of pledge (\$) <b>\$250.00</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>ENV ENGINEERING</b> Corporation / Labor Organization address; City; State; Zip Code <b>1101 CAPITAL OF TX HIGHWAY, S. BLDG C, STE 220 AUSTIN, TX 78746</b>	Amount of pledge (\$) <b>\$500.00</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>OTHON, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>12710 RESEARCH BLVD., STE 310, AUSTIN, TX 78759</b>	Amount of pledge (\$) <b>\$500.00</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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**PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS****SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: <b>3 OF 3</b>	
2 FILER NAME <b>GET AUSTIN MOVING PAC</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/30/10</b>	5 Corporation / Labor Organization name <b>BROWN + GAY ENGINEERS, INC.</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>2000 NORTH MO PAC, Ste 300, AUSTIN, TX 78731</b>	7 Amount of pledge (\$) <b>\$ 750.00</b>	8 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date <b>9/30/10</b>	Corporation / Labor Organization name <b>TERRACON CONSULTANTS</b> Corporation / Labor Organization address; City; State; Zip Code <b>5307 INDUSTRIAL OAKS BLVD, #160, AUSTIN, TX 78735</b>	Amount of pledge (\$) <b>\$ 250.-</b>	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>1 of 5</b>	<b>2</b> FILER NAME <b>GET AUSTIN MOVING PAC</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>8/22/10</b>	<b>5</b> Payee name <b>FED EX OFFICE</b>	
<b>6</b> Amount (\$) <b>235.39</b>	<b>7</b> Payee address; City; State; Zip Code <b>9222 BURNET ROAD, AUSTIN, TX 78758</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SIGNS FOR PRESS CONFERENCE</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>9/2/10</b>	Payee name <b>BLIZCO PRODUCTIONS</b>	
Amount (\$) <b>\$1000.00</b>	Payee address; City; State; Zip Code <b>2100 SOUTHERN OAKS DR., AUSTIN, TX 78745</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN STRATEGIC TACTICAL ADVICE</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>9/3/10</b>	Payee name <b>JOANNA WOLAUER</b>	
Amount (\$) <b>\$1000.00</b>	Payee address; City; State; Zip Code <b>1007 S. CONGRESS AVE #133, AUSTIN, TX 78702</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN COORDINATION</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>9/3/10</b>	Payee name <b>JOANNA WOLAUER</b>	
Amount (\$) <b>\$19.66</b>	Payee address; City; State; Zip Code <b>1007 S. CONGRESS AVE #133, AUSTIN, TX 78702</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>COPYING + OFFICE SUPPLIES</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2 of 5	<b>2</b> FILER NAME GET AUSTIN MOVING PAC	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/3/10	<b>5</b> Payee name GIL ARTS	
<b>6</b> Amount (\$) \$325.00	<b>7</b> Payee address; City; State; Zip Code 11400 W. PALMER/ST, CEDAR PARK, TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) LOGO DESIGN
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/16/10	<b>Payee name</b> GIL ARTS	
<b>Amount (\$)</b> \$75.00	<b>Payee address; City; State; Zip Code</b> 11400 W. PALMER/ST, CEDAR PARK, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> ADVERTISING EXPENSE	<b>Description (If travel outside of Texas, complete Schedule T)</b> YARD SIGN DESIGN
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/18/10	<b>Payee name</b> KARE-THOMAS HUSSELMAN	
<b>Amount (\$)</b> \$1010.00	<b>Payee address; City; State; Zip Code</b> 1512 A PENNSYLVANIA AVE, AUSTIN, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> ADVERTISING EXPENSE	<b>Description (If travel outside of Texas, complete Schedule T)</b> WEB DESIGN + REGISTRATION
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/20/10	<b>Payee name</b> WILLIAM L. BLUME, JR.	
<b>Amount (\$)</b> \$500.00	<b>Payee address; City; State; Zip Code</b> 1405 WALLER ST., AUSTIN, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> CONTRACT LABOR	<b>Description (If travel outside of Texas, complete Schedule T)</b> DOOR TO DOOR + EVENT CANVASS COORDINATION
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 5	<b>2</b> FILER NAME GET AUSTIN MOVING INC	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/20/10	<b>5</b> Payee name SARAH BRYANT	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 3604 CLAWSON RD, #202, AUSTIN, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR CANVASS
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/20/10	<b>Payee name</b> JACQUELYN WELSH	
<b>Amount (\$)</b> \$240.00	<b>Payee address; City; State; Zip Code</b> 7221 A BEESSING AVE, AUSTIN, TX 78722	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> CONTRACT LABOR	<b>Description (If travel outside of Texas, complete Schedule T)</b> DOOR TO DOOR AND EVENT CANVASS
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/20/10	<b>Payee name</b> REBECCA MARKHAM	
<b>Amount (\$)</b> \$60.00	<b>Payee address; City; State; Zip Code</b> 1781 SPYGLASS DR. #296, AUSTIN, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> CONTRACT LABOR	<b>Description (If travel outside of Texas, complete Schedule T)</b> DOOR TO DOOR AND EVENT CANVASS
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		
<b>Date</b> 9/20/10	<b>Payee name</b> TREVOR REICHMAN	
<b>Amount (\$)</b> \$180.00	<b>Payee address; City; State; Zip Code</b> 2900 RUBY ROAD, ALPINE, TX 79830	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> CONTRACT LABOR	<b>Description (If travel outside of Texas, complete Schedule T)</b> DOOR TO DOOR AND EVENT CANVASS
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name		
Office sought		
Office held		

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 OF 5	<b>2</b> FILER NAME GET AUSTIN MOVING INC	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/24/10	<b>5</b> Payee name KELLY GRAPHICS
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<b>6</b> Amount (\$) \$12,314.19	<b>7</b> Payee address; City; State; Zip Code 1409 QUAKER RIDGE, AUSTIN, TX 78746
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING + MAILING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POSTAL MAILING
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/10	Payee name ANDREW FIEGEL
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 302 LRMA DR., AUSTIN, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR AND EVENT CANVASS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/10	Payee name REBECCA MARKHAM
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 1781 SPYGLASS, #296, AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR AND EVENT CANVASS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/10	Payee name WILLIAM L BLOME, JR
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1405 WALLER DR., AUSTIN, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CANVASS COORDINATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5 of 5		<b>2</b> FILER NAME GET AUSTIN MOVING PAR		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/27/10		<b>5</b> Payee name DEBBIE RUSSELL			
<b>6</b> Amount (\$) 9240.00		<b>7</b> Payee address; City; State; Zip Code 2311 RIVERSIDE FARMS RD, AUSTIN, TX 78741			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) CONTRACT LABOR		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR + EVENT CANVASS	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 9/27/10		Payee name JACQUELYN WELSH			
Amount (\$) 240.00		Payee address; City; State; Zip Code 7211 A BLESSING AVE., AUSTIN, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR + EVENT CANVASS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 9/27/10		Payee name SARAH BRYANT			
Amount (\$) 120.00		Payee address; City; State; Zip Code 3604 CRAWSON RD, #202, AUSTIN, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR + EVENT CANVASS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 9/27/10		Payee name TOM FOSBORN			
Amount (\$) 60.00		Payee address; City; State; Zip Code 2209 LAWNMONT AVE., #302, AUSTIN, TX 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) DOOR TO DOOR + EVENT CANVASS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED